

FY 2006

HS and/or EHS CONTINUATION GRANT APPLICATION REVIEW CHECKLIST

Grantee: _____ Grant Number: _____

Program Specialist: _____ Date Reviewed: _____

Financial Specialist: _____ Date Reviewed: _____

Briefing Meeting: _____ Date Staffed: _____

HS/EHS Budget Period: _____

I. Application Type:

Application Cycle _____ ☐ Full ☐ Abbreviated

II. Funding and Enrollment Amounts:

Population Served	Federal HS	State HS	Dually Funded HS	Federal EHS	State EHS	Total
Total # of Children:						
# Home Based:						
# PD / PY:						
# PD / FY:						
# FD / PY:						
# FD / FY:						
# Pregnant Women:						
Other:						

HS Base: \$ _____	EHS Base: \$ _____
PA20: \$ _____	PA1126: \$ _____
HS Total: \$ _____	EHS Total: \$ _____

Service Area:

Notes:

III. Contents of Continuation Applications:

ATTACHMENTS -- Required With Continuation and New/Replacement Applications

	YES	NO
1. Policy Council Approval		
2. SF424 Face Sheet		
2a. SF424A, Pages 1 and 2		
2b. SF424B Assurances		
3. GABI Disk		
4. GABI Reports: Audit, Line Item Budget, Program Schedule, Summary		
5. T & TA Plan		
6. Service Area Agreement (if applicable)		
7. Indirect Cost Rate Agreement (if applicable)		
8. Cost Allocation Plan (if applicable)		
9. Is organization chart included?		

IV. Budget and Budget Justification:

(This entire Section required for full as well as abbreviated project applications. HS and EHS must be separated out.)

SF-424 FORM

	YES	NO
10. Was SF 424 Face Page filled out accurately and completely?		
10a. Does it include Grantee # and Year, Duns #?		
11. Was application properly signed?		
12. Is correct match shown?		
13. Do totals in Columns E, F and G agree with Block 15 SF 424 Face Page?		
14. Does math prove in Sections A-C of SF424A?		
15. Did Grantee correctly identify non-federal resources in Section C of SF424A?		

OVERALL BUDGET DETAIL

	YES	NO
16. Did the Applicant complete the Line-Item Budget (Agency's Excel or Word Document) for Head Start and/or Early Head Start which provides detail for each object class on the SF 424A for both the Federal and non-Federal budgets?		

OVERALL BUDGET DETAIL, continued

	YES	NO
17. Did the applicant provide a narrative budget justification, which explains the necessity, reasonableness, and allowability of proposed costs?		
18. Is Information provided regarding the source and amount of cash and other resources that will be used to support the project in addition to the Federal funds requested and the required non-Federal Match?		
19. Did Grantee identify program accounts correctly?		
20. Did Grantee request the correct funding guidance amounts?		
21. Does match meet minimum requirements?		
22. Are the Grantee's administrative costs within the 15% limitation?		
23. Does funded enrollment agree with funding plan?		
24. Is there a detailed T & TA (PA-20) (PA-1126) plan and budget?		

PERSONNEL BUDGET DETAIL

	YES	NO
25. Did the Grantee list staff positions by title, hours and wages/salary and is the proposed staffing plan reasonable?		
26. Is there adequate staffing to meet service delivery?		
27. Are the amounts consistent with Section B of SF424A?		
28. Are all salaries directly funded with Head Start dollars below the compensation cap?		
29. Are executive-level staff in the indirect cost pool?		
29a. If yes, does the % of their salary exceed the compensation cap?		
30. Did the Grantee complete a wage comparability study?		
30a. When did the Grantee complete a salary comparability study? Date: _____		
30b. When did the Grantee update the salary comparability study? Date: _____		

BENEFITS BUDGET DETAIL

	YES	NO
31. Are fringe benefits clearly identified according to the GABI categories?		
32. Are the amounts consistent with Section B of SF424A?		

TRAVEL BUDGET DETAIL

Travel is defined as out-of-town staff travel only. Include local travel under "Other."

	YES	NO
33. Is sufficient travel detail information provided? (i.e. # of trips, where, when, how much, # of travelers)		
34. Do travel costs appear reasonable?		
35. Are the amounts consistent with Section B of SF424A?		

EQUIPMENT BUDGET DETAIL

Equipment is defined as items having greater than \$5,000 per-unit cost.

	YES	NO
36. Did Applicant provide itemized lists of equipment purchases?		
37. Does each item cost \$5,000 or more?		
38. Was each adequately justified?		
39. Are the amounts consistent with Section B?		
40. Identify specific equipment items: _____ _____ _____ _____ _____		

SUPPLIES BUDGET DETAIL

	YES	NO
41. Did Grantee identify supplies by type (e.g., food, office, classroom)?		
42. Are the amounts consistent with Section B?		
43. For EHS, does the budget include funds for diapers, formula, bottles, gloves, and other infant/toddler supplies?		

CONTRACTUAL BUDGET DETAIL

Contracts are defined as contracted services such as transportation, childcare, or meals.

Personal contract services such as trainers or mental health consultants should be included in the "Other" budget detail area.

	YES	NO
44. Did Applicant provide itemized lists of contracts?		
45. Is contractual detail clear on service provided and costs (rate per hour or details of service contract: length of contract, product to be received, cost)?		
46. Are the amounts consistent with Section B of SF424A?		

OTHER BUDGET DETAIL

	YES	NO
47. Is there adequate budget detail for this category?		
Is there insurance coverage for:		
48. Child Liability / Student Accident		
49. General Liability		
50. Vehicle		
51. Bonding		
52. Are costs for child food reasonable?		
53. Is Grantee accessing USDA as primary source for nutrition services?		
54. Are costs for adult food reasonable?		
55. Did Grantee allocate sufficient resources for staff training/teacher certification?		
56. Are the amounts consistent with Section B of SF424A?		

INDIRECT COSTS BUDGET DETAIL

	YES	NO
57. Did Grantee claim indirect costs?		
58. If yes, is a current approved ICRA attached?		

COST ALLOCATION BUDGET DETAIL

	YES	NO
59. Did Grantee claim overhead costs in lieu of or in addition to an IRCA?		
60. If yes, do they have a cost allocation plan that supports the distribution of costs to Head Start?		
61. Are costs allocated across Head Start and EHS? If yes, is the allocation reasonable?		
62. Does Grantee have an appropriate Cost Allocation Plan accounting for multiple sources of funding?		
63. Does the Grantee receive state funds?		
64. If YES, what is the amount? _____		
65. If YES, what is the number of children supported with state funds? _____		
66. If YES, has the Grantee identified all state funds in the budget detail?		
67. Is Grantee partnering with Child Care?		
68. If YES, is the Grantee providing services directly?		
69. If YES, is the Grantee contracting for services?		
70. If YES, # Children in Child Care: _____		
71. # of children in family childcare homes: _____		

COST ALLOCATION BUDGET DETAIL, continued

	YES	NO
72. Is the Grantee identifying estimates for appropriate childcare reimbursements for full-day services?		
73. If YES, what is the estimated reimbursement that the Grantee expects? _____		

T&TA BUDGET PLAN (PA 20 and/or PA 1126)

	YES	NO
74. Has the Grantee specifically outlined plans for T&TA funds?		
75. Do funds support attainment of AA/BA qualification for teachers?		
76. Are conference or training activities identified and are they reasonable, appropriate and cost-effective?		
77. Has the Grantee budgeted for national or regional training events?		
78. Is the Grantee using additional base funding to support professional development and training of staff?		
79. If YES, What is the additional amount from the base grant? _____		

NON-FEDERAL SHARE BUDGET DETAIL

	YES	NO
80. Did Grantee provide sufficient detail on the non-Federal share required?		
81. Are the in-kind valuations for space services and goods reasonable?		
82. If any portion of non-Federal share is cash, is the source and use clearly identified?		
83. Are all the items for non-Federal share identified allowable?		
84. Is the Grantee requesting a waiver for a one-time purchase?		
85. Does the Grantee's request comply with the Head Start Act 640(7)(b)?		

V. Cycle 1 Full Applications

OBJECTIVES, NEED FOR ASSISTANCE, AND GEOGRAPHIC AREA

Full Project Description

Did the Grantee include the following:

YES

NO

Analysis of the comprehensive community assessment and did the Grantee use the information for program planning?		
The demographic make-up of Head Start eligible children, including number, location, and ethnic and racial composition?		
Other child development programs serving Head Start eligible children.?		
The estimated number of children with disabilities?		
Data regarding the education, health, nutrition and social service needs of Head Start eligible children?		
The education, health, nutrition and social services needs of Head Start eligible children, as defined by their families and community institutions?		
Resources available in the community?		
Determine the program's philosophy and long-range and short-range program objective?		
Determine the type of services and program option or options to be provided.		
Determine the recruitment area of the program?		
Determine the recruitment areas of delegate agencies, if applicable?		
Determine the locations of centers and home-based programs?		
Set the criteria that define the types of children and families that will be given priority for recruitment and selection?		

Geographic Area

YES

NO

Did Applicant identify their proposed service area and define it by county or sub-county areas?		
Is a map included?		
For multiple Grantees in same geographic area, is there a written service agreement?		

PROGRAM APPROACH AND RESULTS OR BENEFITS EXPECTED

Full Project Description:

	YES	NO
Did the Applicant fill out the Program Approach Form specifying the kinds of Head Start services that will be provided in compliance with instructions including Results or Benefits Expected?		
Did Grantee describe how quality services would be delivered?		
Does the Grantee define the program's philosophy, long-range, and short-range goals & objectives for the three-year period?		
Are these goals related to the Community Assessment?		
Did the Grantee determine the type of services and program option or options to be provided?		
Did the Grantee determine the recruitment area of the program?		
Did the Grantee determine the recruitment areas of delegate agencies, if applicable?		
Did the Grantee determine the locations of centers and home-based programs?		
Did the Grantee set the criteria that define the types of children and families that will be given priority for recruitment and selection?		
Is program providing full-year services?		
If yes, is program accessing Child Care reimbursement funds/alternative funding sources?		
Do the Grantees proposed option(s) meet requirements for:		
Home Based: 1 HV/week?		
Home Based: 2 socializations/Month?		
Center Based: Does the # of children/classroom meet minimum?		
Center Based: Are there at least 2 HV/year?		
Combination Option: Are the # of class sessions to the # of HV appropriate?		

Child Care

	YES	NO
Is Grantee partnering with Child Care?		
If YES, is the Grantee providing services directly?		
If YES, is the Grantee contracting for services?		
If YES, # Children in Child Care: _____		
# of children in family childcare homes: _____		

V. Cycle 2 and 3 Abbreviated Applications

OBJECTIVES, NEED FOR ASSISTANCE, AND GEOGRAPHIC AREA

Abbreviated Project Description:

	YES	NO
Did Applicant provide a summary of any significant changes in the information in the Community Assessment determined during the annual review of the Community Assessment?		
If changes, did Grantee justify changes?		
If no major changes, was this so stated in the application?		

Geographic Area:

	YES	NO
Did Applicant identify their proposed service area and define it by county or sub-county areas?		
Does the service area change from year 1 application?		
Is a map included?		
For multiple Grantees in same geographic area, is there a written service agreement?		

PROGRAM APPROACH AND RESULTS OR BENEFITS EXPECTED

	YES	NO
Did the Applicant provide information regarding changes to the local long-range goals and shorter-term program objectives to be accomplished during the three-year or a statement of no changes?		
Did Grantee describe how quality services would be delivered?		
Do program options change from year 1 application? If yes, what are the proposed changes? <hr/> <hr/> <hr/> <hr/> <hr/>		

Abbreviated Project Description, continued:

	YES	NO
Summary of Results & Benefits - is progress toward goals identified?		
Program Outcomes Identified:		

VI. New/Replacement Grantees

What is requested start-up budget? \$ _____

What is proposed annual, ongoing budget? \$ _____

Are requested \$ consistent with funding plan? _____

	YES	NO
Was applicants EIN provided?		
Was applicants PIN in central registry?		
Did applicant submit form HHS 641, Civil Rights Assurance?		
Was proof of non-profit status submitted?		
Did applicant submit an accounting Certification?		